

WESTFIELD PUBLIC WORKS

Request for Information



1. Date: _____

2. Division Submitting Request To: _____

3. Recipient Name/Contact Information:

Name: _____ Email: _____

Association: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Phone: _____ Fax: _____

4. Information Requested:

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KEN KINGSBILL
ROBERT J. SMITH
TOM SMITH
ROB STOKES
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CHIEF ADMINISTRATIVE OFFICER
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DIRECTOR OF PUBLIC WORKS
KURT J. WANNINGER

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By signing this release the "insert recipient" agrees to these conditions.

Name

Title

Date

WPWD Acknowledgment:

Name

Title

Date

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